

Chapter A. But
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 875)

SERIAL NO. **09/830922** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4		3		1		
5		0				
6		0				
7		0				
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11	1		1			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	15	↓		↓
TOTAL CLAIMS			17			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						